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## **ADULT RESPIRATORY EMERGENCIES**

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### **CHRONIC OBSTRUCTIVE PULMONARY DISEASE**

#### **FIELD ASSESSMENT/TREATMENT INDICATORS**

Chronic symptoms of pulmonary disease, wheezing, cough, pursed lip breathing, decreased breath sounds  
Accessory muscle use, anxiety, ALOC or cyanosis

#### **BLS INTERVENTIONS**

1. Reduce anxiety, allow patient to assume position of comfort
2. Administer oxygen as clinically indicated, obtain oxygen saturation on room air, or on home O<sub>2</sub> if possible

#### **ALS INTERVENTIONS**

1. Maintain airway with appropriate adjuncts, obtain oxygen saturation on room air, or on home O<sub>2</sub> if possible
2. Place on cardiac monitor,
3. Nebulized Albuterol 2.5mg, may repeat twice.
4. Obtain vascular access.
5. Contact base hospital if no improvement

### **ACUTE ASTHMA/BRONCHOSPASM**

#### **FIELD ASSESSMENT/TREATMENT INDICATORS**

History of prior attacks, associated with wheezing, diminished breath sounds, or cough.  
A history of possible toxic inhalation, associated with wheezing, diminished breath sounds, or cough  
Suspected allergic reaction associated with wheezing, diminished breath sounds or cough

#### **BLS INTERVENTIONS**

1. Reduce anxiety, allow patient to assume position of comfort
2. Administer oxygen as clinically indicated, humidified oxygen preferred

#### **ALS INTERVENTIONS**

1. Maintain airway with appropriate adjuncts, obtain oxygen saturation on room air if possible
2. Place on Cardiac monitor
3. Nebulized Albuterol 2.5mg, may repeat twice
4. Obtain vascular access, for signs of inadequate tissue perfusion initiate IV bolus of 300cc NS. If signs of inadequate tissue perfusion persist may repeat fluid bolus.
5. If no response to Albuterol, give Epinephrine 0.3mg SC. Contact Base Hospital for patients with a history of coronary artery disease, history of hypertension or over 40 years of age prior to administration of Epinephrine
6. May repeat Epinephrine 0.3mg SQ after 15 minutes

7. For suspected allergic reaction, consider Diphenhydramine 25mg IV, or 50mg IM
8. Consider advanced airway per protocol Reference #4029 Nasotracheal Intubation
9. If no improvement, Base Hospital may order repeated treatments with Nebulized Albuterol 2.5mg

## ACUTE PULMONARY EDEMA/CHF

### FIELD ASSESSMENT/TREATMENT INDICATORS

History of cardiac disease, including CHF, and may present with rales, occasional wheezes, jugular venous distention and/or peripheral edema

### BLS INTERVENTIONS

1. Reduce anxiety, allow patient to assume position of comfort
2. Administer oxygen as clinically indicated. For pulmonary edema with high altitude as a suspected etiology, descend to a lower altitude and administer high flow oxygen with a non re-breather mask
3. Be prepared to support ventilations as clinically indicated.

### ALS INTERVENTIONS

1. Maintain airway with appropriate adjuncts, Obtain oxygen saturation on room air if possible
2. Nitroglycerine 0.4mg sublingual/transmucosal with signs of adequate tissue perfusion. May be repeated as long as patient continues to have signs of adequate tissue perfusion.
3. If a Right Ventricular Infarction is suspected, the use of nitrates is contraindicated.
4. Place on cardiac monitor
5. Obtain vascular access, Saline Lock preferred
6. Consider advanced airway per protocol Reference #4029 Nasotracheal Intubation
7. Base Hospital may order MS titrated in 1-2mg increments
8. Base Hospital may order Dopamine 400mg in 250cc NS titrated between 5 – 20mcg/min to maintain adequate tissue perfusion
9. Base Hospital may order Furosemide 40mg-100mg IV or 2 times the daily dose to maximum of 100mg IV.
10. Base Hospital may order Nebulized Albuterol 2.5mg after patient condition has stabilized.
11. In Radio communication failure (RCF) the following medications may be utilized
  - a. Dopamine 400mg in 250cc NS titrated between 5 – 20mcg/min to maintain adequate tissue perfusion
  - b. Furosemide 40mg-100mg IV or 2 times the daily dose to maximum of 100mg IV
  - c. Nebulized Albuterol 2.5mg after patient condition has stabilized

### APPROVED:

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ICEMA Medical Director                      Date

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Inyo Co. Health Officer                      Date

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Mono Co. Health Officer                      Date

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San Bernardino Co Health Officer                      Date

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ICEMA Executive Director                      Date